



APPLICATION FOR BUSINESS TAX LICENSE

City of Kingsport
225 W Center St
Kingsport TN 37660
(423) 229-9418

ALL QUESTIONS MUST BE ANSWERED COMPLETELY. INCOMPLETE AND UNSIGNED APPLICATIONS WILL DELAY PROCESSING. FOR ASSISTANCE, PLEASE CONTACT YOUR LOCAL COUNTY CLERK OR DESIGNATED CITY OFFICIAL.

1. INDICATE THE CLASSIFICATION IN WHICH YOU ARE REGISTERING. CLASSIFICATION IS DETERMINED BY THE DOMINANT BUSINESS ACTIVITY. INDICATE ONLY ONE CLASSIFICATION.

Classification 1A Classification 1C Classification 2 Classification 4
Classification 1B Classification 1D Classification 3 Classification 5

2. REASON FOR APPLYING:

☐ 1. New business ☐ 2. Additional location ☐ 3. Purchase of existing business

3. DATE BUSINESS BEGAN IN TENNESSEE AT THIS LOCATION: _____

4. BUSINESS NAME AND EXACT LOCATION

BUSINESS NAME

5. BUSINESS MAILING ADDRESS

NAME (ENTER LEGAL NAME, IF DIFFERENT)

STREET OR HIGHWAY (DO NOT USE P.O. BOX NUMBER OR RURAL ROUTE NUMBER)

P.O. BOX, STREET, ROUTE, OR HIGHWAY

APARTMENT OR SUITE NUMBER (DO NOT ENTER P.O. BOX OR RURAL ROUTE NUMBER)

APARTMENT OR SUITE NUMBER

CITY STATE ZIP CODE

CITY STATE ZIP CODE

6. COUNTY IN WHICH BUSINESS IS LOCATED

7. BUSINESS TELEPHONE NUMBER

8. CONTACT PERSON'S NAME

IS BUSINESS LOCATED INSIDE A TENNESSEE CITY?

☐ NO ☐ YES

(If Yes, Name of City) _____

() _____

BUSINESS FAX NUMBER

() _____

CONTACT E-MAIL ADDRESS

9. ENTER FEDERAL EMPLOYER'S IDENTIFICATION #

_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-

☐ APPLIED FOR
☐ NOT REQUIRED

10. CURRENT SALES TAX NUMBER FOR THIS BUSINESS LOCATION

_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-

☐ APPLIED FOR
☐ NOT REQUIRED

11. TYPE OF OWNERSHIP (SELECT ONE):

☐ PROPRIETORSHIP ☐ HUSBAND/WIFE OWNERSHIP ☐ OTHER
☐ PARTNERSHIP ☐ CORPORATION ☐ LIMITED LIABILITY COMPANY

12. TENNESSEE SECRETARY OF STATE IDENTIFICATION #, IF APPLICABLE

13. DESCRIBE THE BUSINESS ACTIVITY AT THIS LOCATION, STATING THE MAJOR PRODUCTS AND/OR SERVICES SOLD:

14. IDENTIFY OFFICERS, PARTNERS, OR INDIVIDUAL OR COMPANY OWNERS

(1) NAME

HOME TELEPHONE #

☐ SOCIAL SECURITY # ☐ FEDERAL EIN

HOME ADDRESS (DO NOT USE P.O. BOX #)

CITY

STATE

ZIP CODE

☐ Member ☐ Officer ☐ Partner ☐ Owner - Individual ☐ Owner - Company

(2) NAME

HOME TELEPHONE #

☐ SOCIAL SECURITY # ☐ FEDERAL EIN

HOME ADDRESS (DO NOT USE P.O. BOX #)

CITY

STATE

ZIP CODE

☐ Member ☐ Officer ☐ Partner ☐ Owner - Individual ☐ Owner - Company

15. THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (THIS APPLICATION MUST BE SIGNED BY THE INDIVIDUAL OWNER, A PARTNER, OR AN OFFICER OF THE CORPORATION. THE SIGNATORY MUST ALSO BE LISTED IN ITEM 14.)

SIGN
HERE:

SIGNATURE of OWNER, PARTNER, or OFFICER (DO NOT PRINT OR USE STAMP)

TITLE

DATE

APPLICATION FOR BUSINESS TAX LICENSE INSTRUCTIONS

1. Select the classification under which your dominant business activity falls. "Dominant business activity" means the business activity that is the major and principal source of taxable gross sales of the business. If you need assistance in determining the appropriate business tax classification, please ask your county clerk or the designated city business tax official. You may also wish to refer to the document "Determining Your Business Tax Classification," which is available at tn.gov/revenue.
2. Select the reason for which the application is being filed - new business, additional location, or the purchase of an existing business.
3. Enter the date on which the applicant began or will begin conducting business activities at the location for which registration is being made.
4. Enter the name and exact location address of the business being registered. Include the business name, street address, city, state, and zip code.
5. Enter the mailing address of the business being registered. Enter the legal name (if different from location name), street address or post office box number, city, state, and zip code. **If the legal name and mailing address are identical to the information in Item 4, leave Item 5 blank.**
6. Enter the name of the county in which the business is located. Indicate whether the business is located within the limits of a city in the county. If the business is located within the limits of a city, enter the name of the city. **Note: A business located within the limits of a city may have a business tax obligation for both the county and the city. If so, the business must obtain a business license from both the county and the city.**
7. Enter the telephone number and, if applicable, the fax number of the business being registered.
8. Enter the name of a contact person for the business being registered. Enter the contact person's email address.
9. Enter the Federal Employer's Identification Number (FEIN) of the business being registered. If the business has applied for but not received an FEIN, so indicate. If no FEIN is required, so indicate.
10. If the business being registered currently has a sales and use tax account with the Tennessee Department of Revenue, enter the sales and use tax account number. If the business has applied for but not received a sales and use tax account number, so indicate. If no sales or use tax account number is required, so indicate.
11. Select the legal structure type of the business being registered.
12. Enter the Tennessee Secretary of State identification number of the business being registered, if applicable.
13. Enter a description of the business activities being performed by the business at the location being registered. Indicate the main products and services sold at this business location. Please be as detailed as possible.
14. Enter the names, home addresses, and home telephone numbers of two owners, officers, or partners in the business being registered. If the owner is an individual, enter the owner's social security number and check the appropriate box. If the owner is a business entity, enter the owner's FEIN and check the appropriate box. Finally, check the box to indicate whether the person is an individual or business entity owner, partner, officer, or member. This information is critical. It will allow us to identify persons with whom we may discuss the business tax account when needed.
15. The application must be signed by an individual owner, partner, or officer of the business being registered. The person who signs the application must be listed in Item 14 on the application form. Indicate the title of the person signing the application (i.e., owner, partner, officer) and the date on which the application is signed.

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New Owner Agreement

I, _____ understand that if the former owner of _____, does not close out their Business License with the City of Kingsport, I will personally be responsible for paying all the gross receipts taxes that are due for the business that I am purchasing, as provided for under Tennessee Code Annotated:

67-4-721 Settlement upon termination or transfer of business

...(b) The person's successor, successors, or assigns, if any, shall withhold sufficient of the purchase money to cover the amount of the taxes, interest, and penalties due and unpaid until such former owner produces a receipt from the commissioner showing that they have been paid or a certificate stating that no taxes, interest, or penalties are due.

...(c) If the purchaser of the business or stock of goods fails to withhold the purchase money as provided in subsection (b), the purchaser shall be personally liable for the payment of the taxes, interest, and penalties accruing and unpaid on account of the operation of the business by any former owner, owners, or assigns.

Owners Signature

Date

I am aware that when or if I close, move, change ownership, file bankruptcy, or change phone numbers that I must notify the City of Kingsport's Business Tax Department in writing. I also know that I must enclose the \$ 5.00 closing fee in addition to any and all taxes that may be owed when I close this business. In addition, I understand that even if I notify the Tennessee Dept. of Revenue, the Property Assessor's Office, the City, or any other State, County, or City office I must still notify the City of Kingsport's Business Tax Department in writing to avoid any further action taken by the City of Kingsport.

Print Name _____

Signature _____

Date _____

Account _____ (For Office Use Only)

I understand that purchasing this Business License does not indicate compliance with the City of Kingsport's Zoning Resolution nor does it give me any authority to operate a business which does not conform to the Zoning Resolution. I understand that notwithstanding my obtaining this Business License, it remains my obligation to comply with the City of Kingsport's Zoning Resolution.

Applicant

Date Signed _____

Collecting Official _____